

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO.
9/486540
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1			
2		1		1		
3		1		1		
4	1		1			
5		1		1		
6	1	2	1	2		
7	1		1			
8		1		1		
9		2		2		
10		2		2		
11		3		1		
12		3		1		
13		3		1		
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TOTAL IND.	3		3		3	
TOTAL DEP.	16		16		16	
TOTAL CLAIMS	19		19		19	

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	IND.	DEP.	IND.	DEP.	IND.	DEP.
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